

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DEVICE FOR HELPING A BABY LATCH ONTO A BREAST FOR USE IN BREASTFEEDING, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, (as amended by any amendment specifically referred to above.)

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim the benefit under Title 35, United States Code, section 119(e) of any United States provisional application(s) listed below.

60/428,186

(Application Number)

November 21, 2002

(Filing Date)

I hereby appoint Grace J. Fishel (Reg. No. 25,864), whose telephone number is (314) 878-0440, or her duly appointed associate, with full power of substitution, revocation and addition, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office in connection therewith. Please address all correspondence to: Customer Number 2147.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: SUSAN M. DOIRON

Inventor's signature Susan M. Doiron  
(first) (middle) (last)

Date 11-19-03

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Full name of second joint inventor, if any: NONE